

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 158607	
1. Entity Name ALCLIFF INVESTMENT COMPANY	



Principal Place of Business 502-10 N HOGAN ST JACKSONVILLE, FL 32202 US	Mailing Address C/O CHARLES C SMITH JR 4985 ARAPAHOE AVE JACKSONVILLE, FL 32210 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-6057618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, CHARLES C JR 4985 ARAPAHOE AVE JACKSONVILLE, FL 32210	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Charles C. Smith, Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>1/31/04</u> <small>(NOTE: Registered Agent signature required when certifying)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD ULMER, THOMAS P. 2970 ST JOHNS AVENUE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD SMITH, CHARLES C JR 4985 ARAPAHOE AVE. JAX, FL 32210
TITLE NAME STREET ADDRESS CITY ST ZIP	ATD GUILLEBEAU, MARTHA 7944 LIMOGES DRIVE SOUTH JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY ST ZIP	
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02/04/04-80166-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: <u>Charles C. Smith, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1/31/04</u> <small>Daytime Phone # 904 281-1990</small>